



In re Application of:

TODD NEWMAN, et al.

Application No.: 09/443,796

Filed: November 19, 1999

For: ADJUSTMENT OF COLOR
APPEARANCE MODELS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Docket No. 03630.000247.

Examiner: J. Sherrill

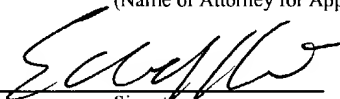
Group Art Unit: 2622

Date: June 22, 2004

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on
June 22, 2004
(Date of Deposit)

Edward A. Kmett (Reg. No. 42,746)

(Name of Attorney for Applicant)


Signature

June 22, 2004
Date of Signature

Sir:

Transmitted herewith is an Preliminary Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

RECEIVED

JUN 30 2004

Technology Center 2600

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 65	MINUS	** 72	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 12	MINUS	*** 8	= 4	x \$43 \$86	\$344.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$344.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

BEST AVAILABLE COPY

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$344.00 is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 42,746

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200
Form #120

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